

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>LD</i>		<i>7.11.00</i>
O.I.P.E. CLASSIFIER	<i>nd</i>	<i>45</i>	<i>7/15</i>
FORMALITY REVIEW	<i>CM</i>	<i>71632</i>	<i>8/28/00</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	05/30/00
2	✓	✓	06/21/00
3	✓	✓	04/11/00
4	✓	✓	05/08/00
5	✓	✓	
6	✓	✓	
7	✓	✓	
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If more than 150 claims or 10 actions  
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Best Available Copy